

NOTE: Please fill in requested information as completely as possible. Place an (X) in the correct feature/description. MANDATORY fields are indicated by (\*) asterisks.

# MIDLANT BSVE MOTOR VEHICLE DESCRIPTION AND VEHICLE CHECKLIST

Vehicle Tag 94-77021 Location/Site \* LITCRE  
IO# \* \_\_\_\_\_ EC \* \_\_\_\_\_ Leased/Owned/Non Owned \* \_\_\_\_\_  
Odometer Reading \* 32564 Hours \_\_\_\_\_ Acquisition Cost \* \_\_\_\_\_  
Manufacturer \* FORD Model \* E350  
Year Mfg. \* 2006 VIN \* 1FTSE634LX6DB23449  
Pass Cap 2 Trans (Man/Auto) A # Doors 6  
Color (Ext \*/Int) WHITE/GRY Fuel Type \* G Fuel Cap \_\_\_\_\_ Cylinders 8  
#Axles 2 Pickup Bed (narrow/wide) \_\_\_\_\_ Bed Length \_\_\_\_\_ GVWR \* 9500  
Body Style/Description Cargo Van  
Installation Date \_\_\_\_\_ Acquisition Date \* \_\_\_\_\_ In-Service Date \* \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_  
Warranty Expiration Date/Miles: \_\_\_\_\_ / \_\_\_\_\_ MSA ☐ Yes ☐ No  
Owning Activity \* \_\_\_\_\_ UIC \_\_\_\_\_  
Activity POC \_\_\_\_\_ POC Work Phone ONLY \_\_\_\_\_  
Secondary POC \_\_\_\_\_ POC Purchase Price: \_\_\_\_\_  
☐ GSA ☐ Agency Owned ☐ Long Term Commercial Lease ☐ Short Term Rental  
Operational Status: ☐ Oper ☐ Decom ☐ Pend ☐ Other : \_\_\_\_\_  
Exemption ID \* \_\_\_\_\_ Location Code \* \_\_\_\_\_ Location Zip \* \_\_\_\_\_ WC \_\_\_\_\_

## Vehicle Specifications:

Purchase Contract Number:	RPN:
Engine Type:	Engine Serial Number:
Number of Cylinders: <u>8</u>	Engine Size: <u>5.4L</u>
Battery Size (amp): <u>150</u>	Transmission Type:
Auxiliary Engine Type:	Aux. Eng. Serial Number:
Aux. Eng. Power:	Aux. Eng. Cylinders:
Tire Size, Front: <u>245/75 16</u>	Tire Size, Rear:
Ignition Code:	Lease Contract Number:

## Please check/list any special features and accessories:

<input type="checkbox"/> 4x4	<input type="checkbox"/> AWD	<input type="checkbox"/> Dual Wheels	<input type="checkbox"/> Power Locks
<input type="checkbox"/> 4x6	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> Towing Package	<input type="checkbox"/> Power Windows
<input type="checkbox"/> 6x6	<input type="checkbox"/> Crew Cab	<input type="checkbox"/> Utility Body	<input type="checkbox"/> Tire Chains

## Please check/describe vehicle condition:

<input type="checkbox"/> A/C Inoperable	<input type="checkbox"/> Electrical Problems	<input type="checkbox"/> Headlights Inoperable	<input type="checkbox"/> Starter Bad-Won't Start
<input type="checkbox"/> Battery(s) Dead/Missing	<input type="checkbox"/> Exhaust System Problem	<input type="checkbox"/> Keys Missing	<input type="checkbox"/> Speedometer Inoperable
<input type="checkbox"/> Body Damage, Rust	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Parking Lights Inoperable	<input type="checkbox"/> Suspension Problems
<input type="checkbox"/> Brakes Worn	<input type="checkbox"/> Flood Damage	<input type="checkbox"/> Mechanical Problems	<input type="checkbox"/> Transmission Leak
<input type="checkbox"/> Dents, Minor	<input type="checkbox"/> Fuel Gauge Inoperable	<input type="checkbox"/> Minor Scratches	<input type="checkbox"/> Trans. Repairs Req.
<input type="checkbox"/> Engine Part(s) Required	<input type="checkbox"/> Interior Damaged	<input type="checkbox"/> Odometer Inoperable	<input type="checkbox"/> Visual Blemishes
<input type="checkbox"/> Engine Repairs Req.	<input type="checkbox"/> Hazard Lights Inoperable	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> Windshield Cracked
<input type="checkbox"/> Engine Smoke	<input type="checkbox"/> Horn Inoperable	<input type="checkbox"/> Radiator Leak	<input type="checkbox"/> Wipers Inoperable
<input type="checkbox"/> Axel Damage	<input type="checkbox"/> Frame Damage	<input type="checkbox"/> Tires(condition)	

## Please Check Appropriate Condition Code:

- ☐ Code 1 = Excellent ☐ Code S = Scrap (Major mechanical or accidents repairs required.)  
☒ Code 4 = Usable ☐ Code X = Salvage (Not to be "Titled" for highway use.)  
☐ Code 7 = Repairable (Mechanical and/or accident repairs required)

Data Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_